

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/577634

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		1				
3	2					
4	3					
5	3					
6	6					
7	10					
8	6					
9	1					
10	1					
11	1					
12	1					
13	2					
14	6					
15	1					
16	1					
17	1					
18	1					
19	1					
20	1					
21	2					
22	11					
23	1					
24	1					
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50						
TOTAL IND.			3			
TOTAL DEP.			12			
TOTAL CLAIMS			15			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						